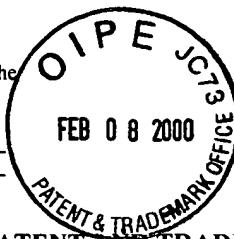


GAU 1657

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on 2-1-00
 By: Kathleen K. Muto
 Printed: Kathleen K. Muto



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Coleman et al.

Title: A NOVEL HUMAN JAK2 KINASE

FEB 15 2000

Serial No.: 09/467,100

Filing Date: December 10, 1999 TECH CENTER 1600/2900

Examiner: To Be Assigned

Group Art Unit: To Be Assigned

Assistant Commissioner for Patents
 Washington, D.C. 20231

AMENDMENT TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Preliminary Amendment (4 pp., in duplicate).

The fee has been calculated as shown below.

| Claims | Claims After Amendment | - | Claims Previously Paid For | = | Present Extra | Other Than Small Entity Rate | Additional Fee(s) |
|---|------------------------|---|----------------------------|---|---------------|------------------------------|-------------------|
| Total Claims | 19 | - | 20 | = | | \$18 | \$0 |
| Indep. Claims | 4 | - | 3 | = | 1 | \$78 | \$78 |
| <u>First Presentation of Multiple Dependent Claim</u> | | | | | | <u>+\$260</u> | <u>\$0</u> |
| | | | | | | TOTAL | \$ 78.00 |

 No additional fee is required. Fee for Request for Extension of Time (months) \$ _____ Please charge Incyte Pharmaceuticals, Inc. Deposit Account No. 09-0108 the amount of \$ 78.00

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Incyte Pharmaceuticals, Inc. Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,
 INCYTE PHARMACEUTICALS, INC.

Date: February 1, 2000Susan K. Sather

Susan K. Sather
 Reg. No. 44,316
 Direct Dial Telephone: (650) 845-4646

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 Palo Alto, California 94304
 Phone: (650) 855-0555 Fax: (650) 849-8886